

MAILING ADDRESS:

P.O. BOX 1139
SACRAMENTO, CA 95812-1139
PHONE—SACRAMENTO (916) 322-3555

**PUBLIC INSURANCE ADJUSTER
AUTHORIZATION APPLICATION**

(MUST BE FILED IN TRIPLICATE)

NOTE: EFFECTIVE WHEN VALIDATED
BY THIS DEPARTMENT

SF

(Form 0100A 7/95)

TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA, NOTICE IS HEREBY
GIVEN THAT THE DESIGNATED PUBLIC INSURANCE ADJUSTER HEREBY: (Check one)

☐ **AUTHORIZES** and agrees to employ the person named herein as:

☐ Public Insurance Adjuster

OR

☐ Interim Licensee

☐ **TERMINATES** the employment of the person named herein.

EMPLOYER INFORMATION

License number of employing public insurance adjuster must be completed. Address of employer to whom copy is to be returned must be typed in box below. Use full name under which license issued and business address.

LICENSE #

FOLLOWING INFORMATION MUST BE TYPED

NAME

ADDRESS

CITY, STATE,
AND ZIP**EMPLOYEE INFORMATION**

If employee is not yet licensed, leave license number blank. Name and address of the employee must be typed in box below. Use full name under which license issued and business address.

LICENSE #

FOLLOWING INFORMATION MUST BE TYPED

NAME

ADDRESS

CITY, STATE,
AND ZIP

EMPLOYERS SIGNATURE

DATE

PHONE # ()

EMPLOYEES SIGNATURE

DATE

PHONE # ()